

## MEMBERSHIP FORM

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact E-Mail: \_\_\_\_\_

How did you hear about CDA? \_\_\_\_\_

## DUES PAYMENT

1. Select your payment level:

Annual Budget	Dues
_____ Less than \$100,000	\$100
_____ \$100,000-\$500,000	\$350
_____ \$500,001-\$1M	\$600
_____ \$1M-\$3M	\$900
_____ More than \$3M	\$1200
_____ Public Agency	\$500
_____ Corporate	\$500
_____ Individual	\$100

## DONATION

2. If you wish to donate, please add an amount:

\_\_\_\_\_ Donation Amount \$\_\_\_\_\_

3. Total:

\_\_\_\_\_ Total Amount \$\_\_\_\_\_

4. Payment Information:

\_\_\_\_\_ Check  
(Payable to the International Downtown Association)  
\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx

\_\_\_\_\_  
(Credit Card Number)

\_\_\_\_\_/\_\_\_\_\_  
(Expiration) (CVN)

\_\_\_\_\_  
(Name on Card)

\_\_\_\_\_  
(Signature)

Return completed form with payment to:

**International Downtown Association**

1275 K Street NW, Suite 1000

Washington, DC 20005

Questions? Email [customerservice@downtown.org](mailto:customerservice@downtown.org)

**\*\*Note, new mailing address above for check payments.**